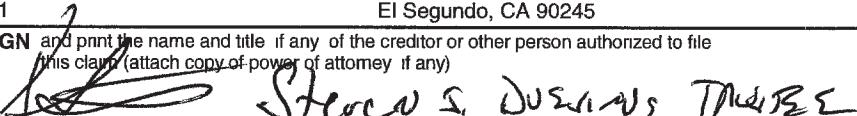


EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503		YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s32586 Amount/Classification \$35 836 18 Unsecured	
Name of Creditor and Address 1989 DUESING FAMILY TRUST DATED 1/31/89 C/O STEVEN J DUESING AND DEBORAH P DUESING TRUSTEE 1701 GOLDEN OAK DR LAS VEGAS NV 89117 1453		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Creditor Telephone Number ()		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		<input type="checkbox"/> Check here <input type="checkbox"/> replaces <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS # _____ _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ 35,836 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 139,883 Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)		<input type="checkbox"/> Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____ * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ 35,836		\$ 139,883 \$ 125,219	
(unsecured)		(secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245 0911			THIS SPACE FOR COURT USE ONLY BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245
DATE 11-9-06		SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  FILED NOV 16 2006	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company <i>OAK SHORES II</i>	Case Number 06-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address ADAMS MICHAEL 1730 WINTER MOON CT RENO NV 89523		IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number 775- 848-3663	Last four digits of account or other number by which creditor identifies debtor 7150	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 DATE DEBT WAS INCURRED 3/24/06 <i>LOAN FUNDED</i>		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ 20,477.80 <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 80,198.02 Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim		<input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U S C § 507(a) (____)	
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5 TOTAL AMOUNT OF CLAIM \$ 20,477.80 \$ 80,198.02 \$ _____		\$ 100,675.82 (\$ unsecured) (\$ secured) (\$ priority) (\$ Total)	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges <i>SEE ATTACHED 100,000 ORIGINAL NOTE</i>			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE 10/26/06	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Michael J. Adams</i>		
		FILED OCT 31 2006  USA CMC 1072500881	

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Co

Case Number

06-10725 LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

John P Aquino & Lisa Aquino
2950 Cabrillo
San Francisco CA 94121-3532

Creditor Telephone Number ~~415 387-4786~~

Last four digits of account or other number by which creditor identifies debtor

7213

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

Unremitted principal

Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$ 10,033.44

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 50,000.00

Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 10,033.44 \$ 39,966.56 \$ _____ \$ 50,000.00
AT TIME CASE FILED (unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
BMC Group
Attn: USACM Claims Docketing Center
P O Box 911
El Segundo CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo CA 90245

FILED JAN 16 2007

USA CMC



1072502373

DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <u>USA Commercial Mortgage Company</u>		Case Number <u>06-00725-LBR</u>	
Bernard D. Benz & Margaret A. Benz Trustees for The Benz Family Trust dated 7/1/95		Administrative expense arising after the commencement be filed pursuant to 11 U.S.C. § 503	
Name and address where notices should be sent <u>Bernard & Margaret Benz 1265 Old Foothill Road Gardnerville, NV 89460</u> Telephone number <u>775-782-5078</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Last four digits of account or other number by which creditor identifies debtor		Check here <input checked="" type="checkbox"/> if this claim replaces <input checked="" type="checkbox"/> amends a previously filed claim dated _____	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>See Exhibit A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred <u>05/11/2005</u>		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim <u>s Line 4, EX. A</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>LINE 2, EX.A</u>	
Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed		\$ <u>LN 4 EXA</u> <u>LN 4 EXA</u> <u>LN 4 EXA</u> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim		FILED JAN 12 2007	
Date <u>01/08/2007</u>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Bernard D. Benz</u> <u>Margaret A. Benz</u> <u>Trustees</u>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.

USA CMC



1072502167

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address  WILLIAM DUPIN & PENNY DUPIN 545 COLE CIR INCLINE VILLAGE NV 89451 8108		11321240000261	
Creditor Telephone Number () 775 831 9587		<input type="checkbox"/> Check here if this claim replaces a previously filed claim dated _____ <input type="checkbox"/> or amends _____ to _____ THIS SPACE IS FOR COURT USE ONLY	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____		<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # 1711 Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
UNSECURED PRIORITY CLAIM <input checked="" type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ 10,238.91 Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)			
SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____			
5 TOTAL AMOUNT OF CLAIM \$ 10,238.91 \$ _____ AT TIME CASE FILED (unsecured) (secured) (priority) (\$ Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE 9-21-06	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571			
		FILED OCT 04 2006	
		USA CMC	



1072500430

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO.	Case Number 06-10725		
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 501.</p>			
Name of Creditor (The person or other entity to whom the debtor owes money or property) BRENDA FALVAI	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent Brenda Falva and c/o Nancy L. Allif 252 Paseo de Juan 111 E Bonneville Ste 100 Anaheim CA 92801 Las Vegas NV 89101	<small>THIS SPACE IS FOR COURT USE ONLY</small>		
Telephone number (702) 599 6000			
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated 6/2/06		
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Negligence and Fraud	General Claim Class 4	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred May 2, 2005	3. If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$37,860.24			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____			
Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5 Total Amount of Claim at Time Case Filed As of Nov. 6, 2006	\$ 37,860.24	(unsecured)	(secured)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
Date 12/6/06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <i>Nancy L. Allif, Esq.</i> Nancy L. Allif, Esq., Bar #0128		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 192 and 1571.

FILED DEC 12 2006

USA CMC



107250020-2

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s30854	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR		Amount/Classification \$10 033 44 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Name of Creditor and Address  12924490000067 THE FISCHER FAMILY TRUST DATED 6/9/95 C/O ALOYS FISCHER AND JOYCE FISCHER TRUSTEES PO BOX 579901 MODESTO CA 95357 5901				THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number 99 551-8484					
Last four digits of account or other number by which creditor identifies debtor 6025, 5953		Check here <input type="checkbox"/> if this claim replaces or amends a previously filed claim dated 119-06			
1 BASIS FOR CLAIM		<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <i>Investment through Debtor</i>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)	
2 DATE DEBT WAS INCURRED 4-14-05				3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations					
UNSECURED NONPRIORITY CLAIM \$ 121,023.33 <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority					
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim					
SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____					
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)					
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)					
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>					
5 TOTAL AMOUNT OF CLAIM \$121,023.33		\$ _____		\$ \$121,023.33	
AT TIME CASE FILED		(unsecured)	(secured)	(priority)	(Total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED)				THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245		FILED JUN 11 2007	
DATE 6-05-01	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)				USA CMC  1072502544

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	FILED OCT 26 2006	
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address  11321242035934 HIGGINS KEVIN 10413 MANSION HILLS AVENUE LAS VEGAS NV 89144		IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small>	
Creditor Telephone Number (702) 734-4555 Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>a previously filed claim dated _____</small> <small>or amends</small>	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS # 000-00-0000 <small>000-00-0000</small> <small>000-00-0000</small> <small>Unpaid compensation for services performed from Contingent upon liquidation to Contingent upon liquidation</small> <small>(date)</small> <small>(date)</small>			
2 DATE DEBT WAS INCURRED <i>Unknown</i> 3 IF COURT JUDGMENT, DATE OBTAINED			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>			
UNSECURED NONPRIORITY CLAIM <i>\$ 00,000 AND 00/100</i> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)			
SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____			
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5 TOTAL AMOUNT OF CLAIM \$ <i>100,000.00</i> \$ _____ \$ _____ \$ <i>100,000.00</i> AT TIME CASE FILED <small>(unsecured)</small> <small>(secured)</small> <small>(priority)</small> <small>(Total)</small>			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911			THIS SPACE FOR COURT USE ONLY <i>FILED OCT 26 2006</i>
DATE <i>10-25-06</i>	SIGN	and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	
		 <small>1072500757</small>	

		PROOF OF CLAIM	
Name of Debtor <i>USA COMMERCIAL MORTGAGE CO.</i>	Case Number <i>06-10725-LBR</i>		
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address Jack S Tiano, Accountancy Corp 116 W El Portal, Suite 103 San Clemente, CA 92672		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number <i>714 366-9775</i>	Last four digits of account or other number by which creditor identifies debtor <i>CLIENT 7287 ACCT 7460</i>	Check here <input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> or amends a previously filed claim dated <i>10/11/06</i>	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED <i>11-11-05</i>		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM . Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED		\$ <i>52,673.28</i> \$ _____	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE FOR COURT USE ONLY	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <i>12/11/06</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Jack Tiano JACK TIANO, TRUSTEE</i>	FILED <i>DEC 29 2006</i>	
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571			
		USA CMC  1072501832	

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

Schedule/Claim ID s31932

Amount/Classification

\$30 100 33 Unsecured

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

12924490001184

THE JOHANSEN FAMILY
TRUST DATED 10/23/87, AS AMENDED 6/11/04
C/O LEIF A JOHANSEN & ROBERTA K JOHANSEN
TRUSTEES
PO BOX 2773
TRUCKEE CA 96160-2773

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (50) 308-4271

Last four digits of account or other number by which creditor identifies debtor

Check here replaces
if this claim or a previously filed claim dated _____
 amends

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal
 Wages, salaries, and compensation (fill out below) Other claims against servicer
Last four digits of your SS # _____ (not for loan balances)
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

- Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ 100,447 47

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

47

5 TOTAL AMOUNT OF CLAIM

\$ 100,447 47 \$ _____

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS

Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY

To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED)

THIS SPACE FOR COURT USE ONLY

BY MAIL TO

BMC Group
Attn USACM Claims Docketing Center
P O Box 911
El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group
Attn USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

FILED MAY 31 2007

DATE

5-28-2007

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

USA CMC



1072502455